



**County of Maui**  
**Department of Parks & Recreation**  
**Community Classes**  
**Participant Registration Form**

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Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Class Registering For: \_\_\_\_\_ Instructor Name: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Day/Time: \_\_\_\_\_ / \_\_\_\_\_ Fees: \$ \_\_\_\_\_

Email Address: \_\_\_\_\_

**Access Statement**

The County of Maui does not discriminate on the basis of disability in admission, access to, or operation of its programs, service, or activities.

The County of Maui does not discriminate on the basis of disability in its hiring or employment practices.



We are committed to making all of its programs and leisure services accessible to everyone including persons with disabilities. Do you have need for reasonable modifications? \_\_\_\_ Yes \_\_\_\_ No

\*If answered YES, please fill out additional Consent to Release/Obtain Information Form. Mahalo.

Question, concerns, complaints, or requests for additional information regarding compliance with the Americans with Disabilities Act may be forwarded to:

Tara Sabado

700 Halia Nakoa Street #2  
Wailuku, HI 96793  
(808) 270-7979 voice  
(808) 270-5539 fax  
tara.sabado@co.maui.hi.us

**Release and Covenant Not to Sue**

In consideration of the permission granted to me by the Department of Parks and Recreation of the County of Maui, State of Hawaii, to attend or participate in the above described activity I, the undersigned, hereby release the above named Instructor and the County of Maui, its officers and employees, from all actions, causes of action, damages, claims, or demands which I, my agents, successors, assigns, heirs, executors or administrators, may have against said Instructor or the County of Maui, its officers and employees, for the property damage and personal injury, including but not limited to claims for wrongful death, known or unknown, which may be sustained or incurred by my attendance or participation in the above described activity.

I also covenant, on behalf of myself and my agents, successors, assigns, heirs, executors or administrators, to never institute any legal action against said Instructor or the County of Maui, its officers and employees, or in any way aid in the prosecution of any claim or action for damages, costs, loss of services, expense or compensation, arising out of my attendance or participation in the above-described activity.

I, the undersigned, have read this release and Covenant Not to Sue and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

**I HEREBY AGREE TO THE AFORESAID RELEASE AND COVENANT NOT TO SUE BY SIGNING MY NAME ON THIS FORM.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature (Parent or Guardian if under 18)